



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
www.state.tn.us/commerce

Calendar Year _____

**ESTABLISHMENT'S
PRENEED FUNERAL FUNDS REPORT
ON IRREVOCABLE AND REVOCABLE CONTRACTS**

This report is due each year as mandated by Rule 0780-1-48 and must be filed with Burial Services Office, 500 James Robertson Parkway, 2nd Floor, Nashville, TN 37243, Phone 615-741-5062.

1. **Name of Funeral Establishment:** _____

2. **Address:** _____
(number, street, road)

_____ (city) _____ (State) _____ (Zip) _____ () _____
(Phone Number)

3. **Name of Person in Charge:** _____

4a. **Date of Incorporation:** _____

4b. **If not a corporation, how is the company organized?** Proprietorship ☐ Partnership ☐
LLC ☐ Other(explain) ☐

5. **Sales Data:**

- (a) Number of insurance funded preneed contracts sold this year? _____
- (b) Number of money funded preneed contracts sold this year? _____
- (c) Total preneed contracts sold this year? (a + b) _____
- (d) Number of at need contracts sold this year? _____

6. **Trust Data:**

- (a) Beginning Balance (a) \$ _____
- (b) Amount received * on preneed sale contracts this year \$ _____
- (c) Amount remitted to trustee(s) this year (c) \$ _____
- (d) Total amount received this year from trust for services rendered (d) \$ _____
- (e) Earnings retained in trust at December 31 (e) \$ _____
(Include interest, dividends, capital gains, etc.)
- (f) Contract amount in trust at December 31, including interest. (f) \$ _____
(Sum of a + c - d + e = f)

7. **Name and Address of trustee (if more than one, list them on back of this form:)**

* Include known deposits made directly by contract buyers to financial institutions in connection with establishment's preneed contracts.

STATE OF TENNESSEE

County of _____

I, _____, _____ of _____
(Name) (Title) (Establishment)

_____ do hereby state that all information contained in this annual report and all related schedules, is true to the best of my knowledge and belief.

Signature

By: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public _____

My commission expires _____